

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6764</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>Deane</u> P.O. Box, Bldg., Room No., if any Street <u>625 McKee Trail</u> City <u>Hinckley</u> State <u>Ohio</u> ZIP Code + 4 <u>44233</u>	4. Name, file number, and address of labor organization. Name <u>Building & Construction Laborers Local 310</u> Labor Organization File Number <u>042-007</u> P.O. Box, Building and Room Number, if any Street <u>3250 Euclid Avenue</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization. <u>Business Manager through June 2004</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James Deane

On

8-10-05
Date

330 278 3267
Telephone Number

Name of Person Filing James Deane	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ohio Laborers Trading & Upgrading Trust Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 7420 Worthington-Galenas Road</p> <p>City Worthington</p> <p>State Ohio ZIP Code + 4 43085</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Employer, whose District Council and LIUNA Local 310 represents, pays contributions on behalf of employees to Trust Fund</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Mileage to March 9, 2004. Board Meeting. Cleveland-Columbus round trip.</p> <p>12.b. Amount. \$94</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Local 310 Fringe Benefit Funds, Inc.</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 3250 Euclid Avenue</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>14.a. Nature of payment.</p> <p>The corporation which administers fringe benefit funds of affiliate Local 310 paid for airfare, room and board and travel expenses for my attendance and participation at the Segal Advisers Conference in Puerto Rico.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$2,540</p>